

Application for Membership in the WAIY Club Network

To apply for charter membership as a WAIY Club, please submit this application to: Annie Miller, **Wisconsin Abstinence Initiative for Youth; DHFS, Division of Public Health, Room 351, One West Wilson Street, Madison WI 53702**

Key contact information (usually but not always the club advisor)

1. Name: _____
2. Title within organization (or parent): _____
3. Key contact's role in WAIY club: _____
4. Address: _____
5. City, zip: _____
6. Phone: (____)_____ Fax: (____)_____
7. Email: _____

Sponsoring organization's information (fiscal and administrative lead for club)

8. Name of official signing application: _____
9. Name of sponsoring organization: _____
10. Address: _____
11. City, zip: _____

Club information

12. Name of club advisor(s): _____
13. Organization and city where club services will be conducted if they are not held on the premises of the sponsoring organization: _____
(such as if an agency sponsors a club but makes arrangements to hold meetings at a local school)
14. WAIY region in which club activities are held (1-12): _____
15. Name of WAIY regional coordinator (WAIY RC): _____
16. Have you notified the WAIY RC that you submitted this application? ☐ Yes ☐ No

WAIY charter member agreement

(Name of sponsoring organization) _____
agrees to accomplish the following goals established for WAIY Clubs:

- Promote abstinence among unmarried youth aged 19 and younger in the community
- Hold monthly meetings to explore WAIY's eight pivotal topics for healthy relationships
- Hold a minimum of one activity per month for club members
- Submit annual report
- Attach a copy of the sponsoring organization's policy and procedure for conducting background checks on adults working with youth as advisors or volunteers in the organization. If unable to do so, please explain on the reverse side.

Signature of person authorized to submit application

Please print name

Date